

Analysis of Nurse Educators' Experiences Using the Hudson Five Factor Model: Basis for a Proposed Mentoring Resource Material

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ABSTRACT:

There is a mix between the nursing practice and teaching profession. Transitioning nurse educators may be experts in advance and clinical practice but may lack the teaching literacy required to succeed as an educator. One main problem with transition is the lack of mentorship to connect the process together. Mentoring is a phenomenon not new to nurses, but the extent and value is not entirely understood. To better understand mentoring in nursing academe, this study used Hudson's Mentoring Model. This model includes (a) the mentor's personal attributes; (b) system requirements; (c) pedagogical knowledge; (d) modelling; and (e) feedback. This descriptive study analyzed the nurse educators' mentoring experiences using questionnaire and interview based on Hudson's Mentoring Model to better understand and suggest ways to improve mentoring in nursing academe through a mentoring resource material. Adopting the purposive sampling, the researcher involved 131 nurse educators who have experienced being mentored and have been teaching nursing subjects, 84 came from the private while 47 from the public institutions respectively. *Findings revealed that the extent of mentoring experienced is at a moderate level.* This suggests that mentoring may not be entirely understood in nursing academe. To reinforce professional and personal development, mentoring in nursing education must improve experiences approaches in teaching through well-designed lessons, adequate preparation, rational viewpoints and timely feedback.

Keywords: Nurse Educators, Mentoring Resource Material, Mentoring Experience

INTRODUCTION

There is a cross-over between nursing practice and nursing education. However, the two careers are two completely different professions. One of the main problems with the transition of nursing clinical practice to being a nurse educator is the lack of mentorship which connects the process together. Mentoring is a phenomenon not new to nurses, but the extent and value is not entirely understood in the faculty level [1]. Nursing education demands that nurse educators be competent to further the discipline through research, service and academically knowledgeable in educational methodologies, for which many nurse educators are not prepared [2]. Nursing faculty who are transitioning may be experts in bedside nursing practice or in their own field, but may

lack in teaching literacy required for success as educators [3].

In the Philippines, educators had urged in congress for a bill that seeks to establish a Teacher Residency Program stipulated in House Bill 3038, Article 14, Section 5 [4]. This bill aims to ascertain the supply and quality of educators by promoting mentoring to mold and develop educators. Unfortunately, the proposed bill, had it materialized may have reduced the gap between clinical expertise in the nursing practice and the educational roles in the academe.

Mentoring is the vehicle that has been pointed out to professionally and personally develop educators [5]. It is part of educational reform designed to provide support. Mentoring is a

combination of support structured activities and specific goals designed to acculturate educators into the profession during extended period [6]. Another research by Hudson [7] views that mentoring is a collegial relationship based on trust, integrity and professionalism. Transitioning educators must see the practices of experts and must train them with an ongoing mentoring support by using the Hudson's Five Factor Mentoring Model which was developed under the Australian award-winning Mentoring for Effective Teaching (MET) program [8]. The study was guided by the Hudson's Five Factor Model [5]. The information on extent of experiences, and extent of influence of mentoring on the personal and professional development were gathered from private and public institutions respectively.

Mentoring suggests that mentees improve their craft, by being mentored effectively [9]. For nurse educators to be effective in their craft they should first be mentored by effective nurse educator mentors [10]. The designated mentors must have the five factors to efficiently mentor nurse educator mentees. The five-factor mentoring model includes (a) the mentor's personal attributes for facilitating the mentoring process, (b) mentoring about the essential education system requirements, (c) the mentor's pedagogical knowledge, (d) the mentor's modelling of teaching practices, and (e) quality feedback provided by the mentor.

OBJECTIVE AND RESEARCH QUESTION

This study analyzed the nurse educators' mentoring experiences using Hudson's Mentoring Model to better understand mentoring in nursing academe and to propose a mentoring model that was based on the result of the study. The mentoring model includes (a) the mentor's personal attributes;

(b) system requirements; (c) pedagogical knowledge; (d) modelling; and (e) feedback.

METHODOLOGY

This descriptive study analyzed the nurse educators' mentoring experiences using questionnaire and interview, based on Hudson's Mentoring Model to better understand and suggest ways to improve mentoring in nursing academe through a mentoring resource material.

1. Respondents of the Study

The study involved 131 respondents with 84 and 47 nurse educators from the private and public institutions respectively. The breakdown of respondents from private institutions with the number of respondents are as follows: Caloocan (8); Las Pinas (9); Makati (5); Mandaluyong (8); Manila (12); Paranaque (8); Pasay (4); Pasig (7); Quezon City (2) and; Valenzuela (21). Meanwhile, the following are the public educational institutions with the number of respondents: Mandaluyong (5); Manila (11); Marikina (9); Pasay (7) and; Pasig (9).

The Following Criteria Governed the selection of the Respondents:

Respondents of the study were nurse educators (1) teaching nursing subjects; (2) had experienced being mentored and; (3) those who agreed to be involved as respondents.

Ethical Considerations

The study was subjected and approved by the ethical research protocols of Centro Escolar University Institutional Review Board (CEU-IRB). The researcher also obtained approval from the institutions and respondents included in the study before the start of data gathering respectively.

2. Data Gathering Procedures

After obtaining approval from the institutions and the respondents respectively, the researcher distributed the questionnaire to the nurse educators included in the study. After one week, all questionnaires were retrieved and tabulated. To acquire more substantial information. A follow-up interview was done at the convenience of the researcher and the respondents.

3. Research Instrument

A researcher-made questionnaire based on Hudson's Mentoring Model was used as instrument in gathering data. Reliability was 98% while face validity was done by 3 experts in the field of education and nursing academe. The checklist-questionnaire contained information on the extent of mentoring practice experienced by nurse educators using the following: (a) the mentor's personal attributes; (b) system requirements; (c) pedagogical knowledge; (d) modelling; and (e) feedback. The researcher attached a cover letter to clarify the purpose of the inquiry and assured the respondents that the results gathered will only be used for the inquiry. All names and personal information of participants were not revealed as well.

4. Interview Guide

The following questions were asked by the researcher during the interview:

1. What is mentoring for you?

This question was to obtain information on what the respondents perceive as mentoring. The answers that were retrieved were used in the development of the nurse educator mentoring resource material.

2. How were you mentored?

This question was inquired to validate and to enrich the data gathered on the mentoring experiences of the respondents.

3. What do you think is the impact of mentoring to your professional and personal development?

This question was presented to validate and enrich the gathered data from the questionnaires on the impact of mentoring on the personal and professional development.

4. What do you think are the strengths and weaknesses of being mentored?

This question was asked to obtain more information on the nurse educators' strength and weakness of the experiences in the mentoring that they received. This was also sought to be able to come up with recommendations on the nurse educator mentoring resource material.

4. Statistical Treatment of Data

Weighted mean and standard deviation were used to describe the; (1) perceived extent nurse educators experienced mentoring strategies. Ranking was also used for the development of the mentoring resource material. Six (6) lowest indicators from the five factors of Hudson's Mentoring Model were ranked accordingly to serve as guide in developing the mentoring material for nurse educators.

Results

Table 1 shows the mean, standard deviation and verbal interpretation of the experiences of the respondents with their mentors' personal attributes. As viewed therein, respondents of the study moderately experienced their mentor's personal attributes. Being supportive (Mean=3.42; SD=0.67); comfortable talking (Mean=3.40; SD=0.64); instilling confidence (Mean=3.33; SD=0.66) and instilling positive

attitude (Mean=3.28; SD=0.72) earned the highest mean.

Table 2 exhibits the mean, standard deviation and verbal interpretation of the experiences of respondents with their mentors' guidance with system requirements. The respondents moderately experienced guidance with curriculum (Mean=3.35; SD=0.53); policies (Mean=3.34; SD=0.66) and; aims (Mean=3.32; SD=0.67).

Table 3 reveals the experiences of the respondents about their mentors' pedagogical knowledge. As can be seen, respondents moderately experienced pedagogical knowledge such as preparation (mean=3.17; SD=0.59); teaching strategies (Mean=3.19; SD=0.63); viewpoints (Mean=3.19; SD=0.65); assessment (mean=3.21; SD=0.62); questioning skill (Mean=3.22; SD=0.73) and content knowledge (Mean=3.23; SD=0.62).

Table 4 shows the mean, standard deviation and verbal interpretation of experiences of the respondents with their mentors' modelling. As indicated, respondents experienced modelling at a moderate extent. The 2 lowest mean came from teaching (Mean=3.21; SD=0.71) and well-designed lessons (Mean=3.21; SD=0.66).

Table 5 exhibits the mean, standard deviation and verbal interpretation of the experiences of the respondents regarding their mentors' feedback. As can be seen, feedback was experienced at a moderate extent. The lowest

mean came from written (feedback) (Mean=3.19; SD=0.66).

Table 6 shows the proposed indicators used for the mentoring material. As can be seen, the lowest indicators from the study were ranked to be able to come up with the proposed inclusion in the mentoring resource material. The results of the study were used as basis and foundation in creating the nurse educator mentoring resource material. The resource material is intended for professional and personal development of nurse educators in the country through mentoring. The resource material has 5 essential parts that are meant to introduce the concept of mentoring for Filipino audiences: (1) Introduction, (2) Mentor, (3) Mentee, (4) Enhancing Filipino Nurse Educators and, (5) Appendix.

The first part, Introduction, discusses the definition, benefits and type of mentoring. It also describes the program outcomes, phases of mentoring, framework and components of mentoring. The mentor phase talks about the criteria, benefit and role of mentors while the mentee phase discusses the criteria, benefits and roles of mentees during mentoring. The fourth phase talks about relevant information on how to enhance Filipino nurse educators through (1) preparation, (2) teaching strategies (2) viewpoints, (2) written (feedback), (3) well-designed lesson and (3) teaching to promote professional and personal development through mentoring. Lastly, appendices contain checklists that may be used by mentees to reflect on mentoring.

Table 1

Experiences of Respondents with their Mentor's Personal Attributes

Personal Attributes	Private			Public			Total		
	Mean	SD	V.I.	Mean	SD	V.I.	Mean	SD	V.I.
Supportive	3.42	0.68	M.E.	3.40	0.67	M.E.	3.42	0.67	M.E.
Reflective	3.28	0.63	M.E.	3.18	0.55	M.E.	3.25	0.61	M.E.
Attentive Listening	3.24	0.69	M.E.	3.26	0.64	M.E.	3.24	0.67	M.E.
Instill Positive Attitude	3.25	0.76	M.E.	3.33	0.65	M.E.	3.28	0.72	M.E.
Comfortable in Talking	3.33	0.65	M.E.	3.52	0.61	M.E.	3.40	0.64	M.E.
Instilling Confidence	3.32	0.67	M.E.	3.34	0.65	M.E.	3.33	0.66	M.E.
Overall Total	3.31	0.56	M.E.	3.34	0.54	M.E.	3.32	0.55	M.E.

Table 2

Experiences of Respondents with their Mentor's Guidance with the System Requirements

System Requirement	Private			Public			Total		
	Mean	SD	V.I.	Mean	SD	V.I.	Mean	SD	V.I.
Curriculum	3.34	0.54	M.E.	3.37	0.52	M.E.	3.35	0.53	M.E.
Policies	3.34	0.57	M.E.	3.34	0.68	M.E.	3.34	0.66	M.E.
Aims	3.33	0.72	M.E.	3.31	0.60	M.E.	3.32	0.67	M.E.
Overall Total	3.34	0.57	M.E.	3.34	0.52	M.E.	3.34	0.55	M.E.

Table 3

The Nurse Educators' Experiences with Pedagogical Knowledge

Pedagogical Knowledge	Private			Public			Total		
	Mean	SD	V.I.	Mean	SD	V.I.	Mean	SD	V.I.
Planning	3.27	0.67	M.E.	3.26	0.58	M.E.	3.27	0.64	M.E.
Timetabling	3.16	0.70	M.E.	3.36	0.70	M.E.	3.24	0.70	M.E.
Preparation	3.15	0.61	M.E.	3.21	0.54	M.E.	3.17	0.59	M.E.
Teaching Strategies	3.18	0.67	M.E.	3.21	0.56	M.E.	3.19	0.63	M.E.
Knowledge Content	3.21	0.63	M.E.	3.26	0.61	M.E.	3.23	0.62	M.E.
Problem Solving	3.17	0.71	M.E.	3.36	0.66	M.E.	3.24	0.69	M.E.
Classroom Management	3.25	0.63	M.E.	3.32	0.57	M.E.	3.27	0.60	M.E.
Questioning Skills	3.22	0.70	M.E.	3.22	0.78	G.E.	3.22	0.73	M.E.
Implementation	3.18	0.71	M.E.	3.35	0.68	M.E.	3.25	0.70	M.E.
Assessment	3.23	0.62	M.E.	3.16	0.64	M.E.	3.21	0.62	M.E.
Viewpoints	3.18	0.63	M.E.	3.21	0.68	M.E.	3.19	0.65	M.E.
Overall Total	3.20	0.53	M.E.	3.27	0.54	M.E.	3.23	0.53	M.E.

Table 4

The Experiences of Nurse Educators on Modelling

Modelling	Private			Public			Total		
	Mean	SD	V.I.	Mean	SD	V.I.	Mean	SD	V.I.
Enthusiasm	3.45	0.57	M.E.	3.50	0.52	G.E.	3.47	0.55	M.E.
Language	3.30	0.71	M.E.	3.33	0.59	M.E.	3.31	0.67	M.E.
Teaching	3.22	0.71	M.E.	3.18	0.72	M.E.	3.21	0.71	M.E.
Effective Teaching	3.27	0.60	M.E.	3.31	0.64	M.E.	3.28	0.61	M.E.
Well-designed Lessons	3.36	1.35	M.E.	3.15	0.67	M.E.	3.21	0.66	M.E.
Classroom Management	3.35	0.60	M.E.	3.33	0.61	M.E.	3.33	0.60	M.E.
Rapport with Students in The Classroom	3.40	0.70	M.E.	3.43	0.61	M.E.	3.41	0.67	M.E.
Hands-on Lessons	3.27	0.70	M.E.	3.42	0.62	M.E.	3.33	0.67	M.E.
Overall Total	3.31	0.56	M.E.	3.33	0.55	M.E.	3.32	0.55	M.E.

Table 5
 The Experiences of Nurse Educators on Quality Feedback

Quality Feedback	Private			Public			Total		
	Mean	SD	V.I.	Mean	SD	V.I.	Mean	SD	V.I.
Expectations	3.35	0.71	M.E.	3.36	0.63	M.E.	3.35	0.68	M.E.
Review Lesson Plans	3.31	0.67	M.E.	3.26	0.61	M.E.	3.29	0.65	M.E.
Observe	3.28	0.65	M.E.	3.33	0.67	M.E.	3.30	0.66	M.E.
Oral	3.27	0.70	M.E.	3.22	0.77	M.E.	3.25	0.72	M.E.
Written	3.11	0.68	M.E.	3.31	0.60	M.E.	3.19	0.66	M.E.
Evaluate	3.30	0.62	M.E.	3.31	0.63	M.E.	3.31	0.62	M.E.
Overall Total	3.27	0.57	M.E.	3.30	0.56	M.E.	3.28	0.56	M.E.

 Table 6
 Proposed Nurse Educator Mentoring Resource Material

Rank	Indicator	Mean	Proposed Inclusion in the Mentoring Resource Material
1 st	Preparation (Pedagogical Knowledge)	3.17	
2 nd	Teaching strategies (Pedagogical Knowledge)	3.19	
2 nd	Viewpoints (Pedagogical Knowledge)	3.19	
2 nd	Written (feedback)	3.19	
3 rd	Well-designed lesson (Modelling)	3.21	
3 rd	Teaching (Modelling)	3.21	<ul style="list-style-type: none"> • To introduce the importance and benefits of mentoring to nurse educators. • To give a proposal on the activities to be undertaken by mentors to increase experience on those indicators that had the lowest mean. • To design a checklist that can be used for self-reflection and evaluation of nurse educator mentors. • To include references so that those who may wish to read the journals can do so. • To advocate to nursing leaders the need for a formal mentoring program for nurse educators that focus on professional and personal growth.

DISCUSSION

The results of the study have confirmed that nurse educators using the Hudson Mentoring Model, had experiences being mentored at a moderate extent. The findings seemingly agree with the result of Kerley's [1] study where he said mentoring is a phenomenon not new to nurses, but the extent and value is not entirely understood in the faculty level. He (Kerley) further added that there is a cross-over between nursing practice and nursing education but these two careers are two completely different professions. One of the main problems with the transition of nursing clinical practice to being a nurse educator is the lack of mentorship to connect the process together.

Nursing faculty who are transitioning may be experts in bedside nursing practice or in their own field, but may lack in teaching literacy

required for success as educators [3]. Nursing education demands that nurse educators be competent to further the discipline through research, service and academically knowledgeable in educational methodologies, for which many nurse educators are not prepared [2]. Learning is essential to the growth and success of any organization [11] and any profession that fails to comprehend its importance is surely destined to flop [12]. Various possibilities exist where learning and development is concerned. One such option that is gaining in admiration is mentoring [13]. It has now become recognized as having a key role in the personal and professional development of those participating in such programs (Cole, 2015).

Mentoring acts as a support for faculty members through healthy relationships [15]. It

helps them find their way to be successful in the field of nursing education [16]. However, challenges arise because there are gaps in the transition from nursing to nursing education and the lack of mentorship to connect the two processes [17]. Additionally, mentoring perhaps is still not fully understood in nursing academe [1]. This means that benefits coming from mentoring can still be explored, understood and maximized by nurse educators [18].

Personal Attributes

The mentor personal attributes guides the development of a mentees by being supportive. The result agrees with the findings of Bartley-Danielle [19] where he recognized that nurse educators receive a multitude of positive effect, including psychosocial and emotional support for role development. When nurse educators receive support from day-to-day activities and endeavors, mentors instill confidence and camaraderie to their mentee [20].

Furthermore, when educators are mentored, they develop advantages over their counterparts who were not mentored because it (mentoring) not only improves the quality of the overall teaching capabilities but also peer support [21]. Through mentoring, nurse educators develop a sense of belonging. Mentoring not only provides an avenue of fulfillment and reflection but also builds confidence in educators and gives positive reinforcement [22].

Additionally, respondents accounted that "She (mentor) supervised me, not necessarily being physically there in the classroom but in a sense, when you bump with her in the hallway, she would ask how I was, the problems I encountered and how to deal with difficult problems." This showed the supportive

disposition of nurse educator mentors towards mentees.

System Requirement

System requirements aim to provide quality control by supplying syllabuses, policies of the institution and supporting documents [5]. The results of the study unveiled that mentors encourage respondents to attend meetings, talked about the curriculum, and explained system requirements. Mentors promote orientation and discussions that lead towards autonomy and curriculum development of the mentee. However, nurse educator mentors and mentees may not always understand the system requirements because they may have so little time to prepare (Please see preparation on Table 3).

McElroy [22] in his study disclosed that when educators are given so little time to prepare and understand their new roles and responsibilities in class (including full understanding of system requirements), they may find themselves ill-equipped to handling classes (lectures, clinical duty, skills demonstration).

Pedagogical Knowledge

Among all the indicators of Hudson Model, pedagogical knowledge may need the most reinforcement through mentoring because pedagogical knowledge is "Teaching how to teach". The study revealed that 3 out of chosen 6 lowest indicators came from pedagogical knowledge. Respondents may have moderate experience in mentoring only because mentors and mentees may not entirely understand the extent and value of pedagogical knowledge [1]. Nursing educators are ill-equipped when they are given little time to prepare [22]. When mentors and mentees lack preparation, they may not fully comprehend system

requirements especially curriculum and learning outcomes. When this happens, content knowledge and teaching strategies may not be fully sync with what needs to be taught to students and mentees.

"The mentor's ability to handle and guide the mentees with a limited time. That would be a factor for weakness. We need more time in terms of consultation." Says one of the respondents in an interview.

Furthermore, preparation may have gotten the lowest mean because respondents may not have been given enough time to investigate the syllabus to ensure that appropriate standards or teaching outcomes are included in the planning (Please refer to Table 2). The result of this study confirms the result of Hudson's [7] inquiry stating that problems and issues of educators can range from inadequate preparation to lack of resources. Meanwhile, McElroy [22] described in his study that future educators are given so little time to prepare for class, thus, many educators find themselves ill equipped for the classroom.

Modelling

Another key feature of effective mentoring is the modelling of teaching practices. Modelling provides a reference point and an immersion of practice. The result of the study agrees with the findings of McElroy [22] stating that educators are ill-equipped when they are given little time to prepare. When that happens, understanding of system requirements suffer, which in-turn cause decreased knowledge content (Pedagogical knowledge) that may not always result to excellent teaching and well-designed lessons (Modelling). Nursing faculty does not fully understand the extent and value of modelling [1].

Quality Feedback

It is within the area of feedback that reflection on practice is brought to the fore. One of the important ingredients of a successful nursing educator is the ability to be able to reflect on his or her own practice to be able to mature and develop professionally. Oral feedback provides an immediate response to the novice teacher's teaching, while written feedback formalizes the feedback and gives the mentee further opportunities to reflect to improve practice [5].

Most nursing educators receive written and oral feedback at the end of the semester where it may be too late [23]. Educators experience tons of problems, and therefore need all the feedback that they can be given to promote self-reflection to increase teaching literacy. Feedback brings forward reflection of the practice of teaching [24]. Through effective feedback, nurse educators can converse on how to refine lesson content and strategies before teaching. It also provides an immediate response on how nurse educators teach through oral feedback, while written feedback formalizes the feedback and gives nurse educators further opportunities to reflect in-order to improve practice. Finally, it is the evaluation (guided self-reflection) of the mentee's teaching that aims to produce more effective practices [9].

Conclusion

The extent of mentoring experienced and the mentoring experienced are at a moderate extent. The result corroborates with the findings of Kerley [1], where he described mentoring as a phenomenon that is not new to nurses, but the extent and value is not entirely understood in the faculty level. This may have been the reason why nursing educators are considered novices in the field of teaching [2].

Because of the proven professional and personal benefits of mentoring to institutions and individuals, nursing education must invest and develop mentoring so that professionals under the institution be mentored for growth and to increase the quality of employees [25]. Reinforcement in teaching, well-designed lessons, preparation, viewpoints and written feedback can increase professional development of nurse educators.

Recommendations

The following recommendations are offered for nursing educators and nursing leaders: (1) a formal nursing education mentoring curriculum must be developed to facilitate the transition from the nursing practice to being nursing educators and; (2) capable nurse educator mentors must be assigned and trained to handle formal mentoring.

The following are recommendations offered for related research in nursing education mentoring: (1) exploratory researches on mentoring in nursing education that have greater number of respondents must be undertaken to have a clearer idea on the mentoring that happens in the academe; (2) researches that compare the effects of mentoring on both nurse educator mentors and nurse educator mentee so it may be compared to understand nurse educator mentors and mentees; and (3) exploratory researches that compare gender matching of nurse educator mentors and mentees.

Limitations

The study included 10 private institutions and 6 public institutions. Eleven cities in the National Capital Region have no public institutions, while 4 cities (Malabon, Marikina, Muntinlupa and Navotas) do not have private institution offering nursing. The only private

institution in the city of San Juan declined to be included as respondent, while 1 private institution in the city of Taguig no longer offers nursing.

After the questionnaires were collected, the researcher interviewed 7 nurse educators from the private institution in Valenzuela City. The interview was done in 2 groups. One (1) group is composed of 4 respondents and the other composed of 3. Five (5) nurse educators in Pasay were interviewed to represent the public institution. The 5 nurse educators in Pasay City were interviewed as a group and at the researchers' convenience as well as those who were present the day the interview was conducted.

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CENTRO ESCOLAR UNIVERSITY <i>Manila • Makati • Malolos</i> <i>Research and Evaluation Office</i>		
Approval Sheet For the Conduct of Scientific Procedures Using Human Subjects		
<input type="checkbox"/> Undergraduate Research <input checked="" type="checkbox"/> Graduate Research <input type="checkbox"/> Faculty Research		
School/College/Department/Program: Graduate School		
Research Title: Analysis of Mentoring Experiences Using the Hudson Five Factor Mentoring Model: Basis for A Mentoring Resource Journal		
Researchers:		
Lead Researcher: <u>Mr. Christopher James M. Muncos</u>		
Co – Researchers: <u>N/A</u>		
Purposes of the conduct of Scientific Procedures (encircle one or more):		
a. Biomedical research, experiment, studies, investigation (including pre-clinical research) (b) Teaching and instruction c. Product testing d. Production of antiseña or other biologicals		
<i>I certify that the statements made herein are correct and true.</i>		
<u>Christopher James M. Muncos</u> Signature of Adviser/ Lead Researcher		<u>Dr. Maria Rita D. Lucas (Adviser)</u> Signature of Dean
Date: <u>14 June 2016</u>		Date: _____
Approved by IERC Members:		
<u>Dr. C. PA. Sibat</u> IERC Member <u>Dr. M. R. Lucas</u> IERC Member <u>Dr. M. R. Lucas</u> IERC Member <u>Dr. M. R. Lucas</u> IERC Member <u>Dr. M. R. Lucas</u> IERC Member		
Subject Specialist/s:		
<u>Dr. C. PA. Sibat</u> Subject Specialist		
<u>Dr. C. PA. Sibat</u> Subject Specialist		
Recommending approval:		
<u>Dr. Dr. M. R. Lucas</u> IERC Chair		